



Eduardo J. Sanchez, M.D., M.P.H.
Commissioner of Health

P.O. Box 141369
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Ben Delgado
Chief Operating Officer

Complaints Management &
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(512) 834-6633 -- Office
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Nick Curry, M.D., M.P.H.
Executive Deputy Commissioner

FITTING AND DISPENSING OF HEARING INSTRUMENTS

We have enclosed a complaint packet that includes instructions for completing the forms and a copy of the law and rules.

To file a complaint, you will need to complete the enclosed *Complaint* and the *General Release* forms. Return both forms and any additional supporting documentation to the address listed above.

After the completed complaint packet is returned, you will be notified by letter acknowledging that your complaint has been received. The complaint will be reviewed to verify that the statements indicate a potential violation of the law or rules. If your complaint indicates a potential violation, we will notify you of the status of your complaint approximately every 90 days, until final action is taken. Should your complaint not indicate a potential violation of law or rules, we will also notify you.

In some instances, a complaint may be investigated informally by staff. In other cases, investigations are conducted by a Texas Department of Health investigator. The complaint may be investigated by telephone, mail or personal interviews. Information and/or documentation will be collected that is relevant to the complaint. After the investigation is completed, the report of investigation will be forwarded to the licensing agency for appropriate action.

Should you have any questions about completing the enclosed packet, please feel free to call 1-800-942-5540.

INSTRUCTIONS FOR COMPLETING THE COMPLAINT PACKET

Please read the following instructions prior to completing the complaint form. Your complaint will be reviewed to verify that the complaint is a potential violation of law/rules. Please type or print all information. INCOMPLETE FORMS WILL BE RETURNED.

COMPLAINT FORM

PERSON REGISTERING COMPLAINT: Please type or print your name, address and phone numbers.

COMPLAINT REGISTERED AGAINST: Please type or print the name, business address and phone number of the individual (person) whom you are filing the complaint against. If you are filing a complaint against more than one individual, please list the names, addresses and phone numbers on a separate sheet.

CLIENT-PATIENT INFORMATION (if applicable): If you are filing a complaint on your own behalf, write "Not applicable" on the name line. If you are filing a complaint on behalf of someone other than yourself, please type or print that person's name, address and phone numbers.

SUPPORTING DOCUMENTATION: Supporting documentation is extremely important. Please enclose any documents which support your complaint. Please retain all original documents; enclose only copies. You will be notified if original documents are needed.

DETAILS OF COMPLAINT: Below are suggestions that may help you in recalling details of your complaint.

- **Hearing instrument purchase information (if applicable):** List the date you purchased the hearing aids and the date they were delivered.
- **Details of Complaint:** Describe your complaint. List each date on which a violation (incident) occurred. Your narrative should address the reason(s) for your complaint. Please be as specific as possible by providing dates, places, times, etc. If specific information is not available, please give the next best available; i.e., "I cannot recall the exact date, but it was a Monday in January..." It is helpful if you can note how you are able to recall the date of day of the week. It is important to identify any witness(es) who may have knowledge of the event(s) that you have described. If possible, any witness should be fully identified by name, address and phone numbers. You may attach additional pages if necessary. Please number and initial all pages of your narrative in the lower right hand corner. Your complaint should include "who, what, when, where, why and how."

GENERAL RELEASE FORM

On the first blank line, please type or print your legal name as it appears on any official records. Sign your name and enter the current date.

NOTE: The General Release Form is a legal document which permits individuals and agencies to release your records to the investigator. The investigator will only request access to records which are relevant to the investigation of your complaint.

MAILING INSTRUCTIONS

Please keep a copy of your completed COMPLAINT FORM and GENERAL RELEASE FORM and any documentation that you've included.

Mail your completed packet to: Investigations, P. O. Box 141369, Austin, Texas 78714-1369.



COMPLAINT FORM

State Committee of Examiners in the Fitting and Dispensing Of Hearing Instruments

PERSON REGISTERING COMPLAINT

Name: _____

Address: _____
Street Address City State

Zip _____

Home Phone: _____ Work Phone: _____

COMPLAINT REGISTERED AGAINST

Licensee Name (Person): _____

Business Address: _____
Street Address City State

Zip _____

Business Phone: _____

CLIENT-PATIENT INFORMATION (if applicable)

Name: _____

Address: _____
Street Address City State

Zip _____

Home Phone: _____ Work Phone: _____

Complainant's Relationship to Client: _____

Is the client a minor? _____ No _____ Yes If yes, give age: _____

SUPPORTING DOCUMENTATION

Attach copies of all documentation such as purchase agreements, cancelled checks or receipts, charts, notes, records; also names, addresses, and phone numbers of others who may have information about the alleged violations, etc.

Attach copies of all documentation such as purchase agreements, cancelled checks or receipts, charts, notes, records; also names, addresses, and phone numbers of others who may have information about the alleged violations, etc.

Purchase Date (if applicable): _____

Delivery Date (if applicable): _____

Describe your complaint against the licensee. List, in sequence order, the dates of each contact that you had with the licensee and nature of the contact.

[illegible]

Date: _____ Signature of Complainant: _____

Consumer Complaint Hotline 1-800-942-5540



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GENERAL RELEASE

I, _____, hereby authorize the release of any and all records and information pertaining to me for use by the Texas Department of Health in a pending investigation and/or legal action.

I specifically direct that said records and information be released to any investigator of the Texas Department of Health.

Signed: _____

Date: _____